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FCC Form

Approval by OMB  
3060-0806**470****Schools and Libraries Universal Service  
Description of Services Requested  
and Certification Form**

Estimated Average Burden Hours Per Response: 5.0 hours

This form is designed to help you describe the eligible telecommunications-related services you seek so that this data can be posted on the Fund Administrator website and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before completing.

(To be completed by entity that will negotiate with providers.)

**Block 1: Applicant Address and Identifications**

(School, library, or consortium desiring Universal Service funding.)

Form 470 Application Number: 233480000378235

Applicant's Form Identifier: MOKCMSD.47001.2002

Application Status: CERTIFIED

Posting Date: 11/20/2001

Allowable Contract Date: 12/18/2001

Certification Received Date: 11/20/2001

**1. Name of Applicant:**

KANSAS CITY SCHOOL DISTRICT

**2. Funding Year:**

07/01/2002 - 06/30/2003

**3. Your Entity Number**

137143

**4. Applicant's Street Address, P.O.Box, or Route Number****a. Street**

1211 MCGEE STREET

**City**

KANSAS CITY

**State**

MO

**Zip Code 5Digit**

64106

**Zip Code 4Digit**

2416

**b. Telephone number**

ext.

(816) 418- 7000

**c. Fax number**

(816) 418- 7631

**d. E-mail Address**

enorwood@email.kcmsd.k12.mo.us

**5. Type Of Applicant (Check only one box)**☐ Library (including library system, library branch, or library consortium applying as a library)☐ Individual School (individual public or non-public school)☒ School District (LEA; public or non-public [e.g., diocesan] local district representing multiple schools)☐ Consortium (intermediate service agencies, states, state networks, special consortia)**6a. Contact Person's Name:** Elonia Norwood**6b. Street Address, P.O.Box, or Route Number (if different from Item 4)**

1211 MCGEE STREET			
City KANSAS CITY	State MO	Zip Code 5Digit 64106	Zip Code 4Digit 2416
6c. Telephone Number (10 digits + ext.) (816) 418- 7000			
6d. Fax Number (10 digits) (816) 418- 7631			
6e. E-mail Address (50 characters max.) enorwood@email.kcmsd.k12.mo.us			

### Block 2: Summary Description of Needs or Services Requested

#### 7 This Form 470 describes (check all that apply):

- a. ☒ Tariffed services - telecommunications services, purchased at regulated prices, for which the applicant has no signed, written contract. A new Form 470 must be filed for tariffed services for each funding year.
- b. ☒ Month-to-month services for which the applicant has no signed, written contract. A new Form 470 must be filed for these services for each funding year.
- c. ☒ Services for which a new written contract is sought for the funding year in Item 2.
- d. ☒ A multi-year contract signed on or before 7/10/97 but for which no Form 470 has been filed in a previous program year.

**NOTE: Services that are covered by a qualified contract for all or part of the funding year in Item 2 do NOT require filing of Form 470. A qualified contract is a signed, written contract executed pursuant to posting a Form 470 in a previous program year OR a contract signed on/before 7/10/97 and reported on a Form 470 in a previous year as an existing contract.**

#### 8 ☒ Telecommunications Services

**Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?**

- a. ☐ YES, I have an RFP. Choose one of the following: It is available on the Web at \_\_\_\_\_ or via ☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.

- b. ☒ NO, I do not have an RFP for these services.

**If you answered NO, you must list below the Telecommunications Services you seek. Specify each **service or function** (e.g., local voice service) and quantity and/or capacity (e.g., 20 existing lines plus 10 new ones). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Telecommunications Services, and remember that only common carrier telecommunications companies can provide these services under the universal service support mechanism. Add additional lines if needed.**

Service or Function:	Quantity and/or Capacity:
Local and Long Distance Services	All 80+ Schools plus admin
Cellular and Paging Services	As needed to support instruction
Data Svcs (DSL, F/R, ATM)	To connect all schools plus admin center
High Bandwidth Svcs (T1 etc)	Selected schools plus admin
OnPremise Equipment for End to End Svcs	80+ schools plus admin
Distance Learning	80+ schools plus admin
Eligible Video and other services	80+ schools plus admin
Wireless WAN	As needed to reach selected schools

**9 ☒ Internet Access****Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?**

a ☐ **YES**, I have an RFP. Choose one of the following: It is available on the Web at  
or via ☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.

b ☒ **NO**, I do not have an RFP for these services.

**If you answered NO, you must list below the Internet Access Services you seek. Specify each service or function (e.g., monthly Internet service) and quantity and/or capacity (e.g., for 500 users). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Internet Access Services. Add additional lines if needed.**

Service or Function:	Quantity and/or Capacity:
High speed Internet Access	80+ Schools plus admin
Dial up data access	As needed
WAN Services	As Needed

**10 ☒ Internal Connections****Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?**

a ☐ **YES**, I have an RFP. Choose one of the following: It is available on the Web at  
or via ☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.

b ☒ **NO**, I do not have an RFP for these services.

**If you answered NO, you must list below the Internal Connections Services you seek. Specify each service or function (e.g., local area network) and quantity and/or capacity (e.g., connecting 10 rooms and 300 computers at 56Kbps or better). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Internal Connections Services. Add additional lines if needed.**

Service or Function:	Quantity and/or Capacity:
Internal and Outside Cabling	80+ Schools plus admin
Network Electronics (LAN/WAN)	80+ Schools plus admin
Telephone Systems	80+ Schools plus admin
File Servers & Internet Servers	80+ Schools plus admin
Eligible Maintenance Services	80+ Schools plus admin
Wireless LAN	80+ Schools plus admin
Video and other eligible services	80+ Schools plus admin
VOIP	Selected Schools plus admin
Eligible Applications Software	Selected Schools plus admin
Eligible Professional Services	Selected Schools plus admin
UPS and other eligible hardware	Selected Schools plus admin

**11 (Optional) Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This need not be the contact person listed in Item 6 nor the signer of this form.**

Name: **Dennis Peterson** Title: **Technical Services Manager**

Telephone number (10 digits + ext.)  
**(816) 418 - 7141**

Fax number

(816) 418 - 7104

E-mail Address (50 characters max.)

dpeterso@email.kcmsd.k12.mo.us

12. ☐ Check here if there are any restrictions imposed by state or local laws or regulations on how or when providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures, and/or give Web address where they are posted.

13. (Optional) Purchases in future years: If you have plans to purchase additional services in future years, or expect to seek new contracts for existing services, summarize below (including the likely time-frames).

**Block 3: Technology Assessment**

14. ☐ **Basic telephone service only:** If your application is for basic local and long distance voice telephone service only, check this box and skip to Item 16.

15. Although the following services and facilities are ineligible for support, they are usually necessary to make effective use of the eligible services requested in this application. Unless you indicated in Item 14 that your application is ONLY for basic telephone service, you must check at least one box in (a) through (e). You may provide details for purchases being sought.

a. Desktop communications software: Software required ☒ has been purchased; and/or ☒ is being sought.

b. Electrical systems: ☒ adequate electrical capacity is in place or has already been arranged; and/or ☒ upgrading for additional electrical capacity is being sought.

c. Computers: a sufficient quantity of computers ☒ has been purchased; and/or ☒ is being sought.

d. Computer hardware maintenance: adequate arrangements ☒ have been made; and/or ☒ are being sought.

e. Staff development: ☒ all staff have had an appropriate level of training or additional training has already been scheduled; and/or ☒ training is being sought.

f. Additional details: Use this space to provide additional details to help providers to identify the services you desire.

**Block 4: Recipients of Service****16. Eligible Entities That Will Receive Service:**

Check the ONE choice that best describes this application and the eligible entities that will receive the services described in this application.

You must select a state if (b) or (c) is selected: **MO**

a. ☒ Individual school or single-site library: Check here, and enter the billed entity in Item 17.

b. ☒ Statewide application (check all that apply):

- ☐ All public schools/districts in the state:  
☐ All non-public schools in the state:  
☐ All libraries in the state:

If your statewide application includes INELIGIBLE entities, check here. ☐ If checked, complete Item 18.

c. ☒ School district, library system, or consortium application to serve multiple eligible sites:

Number of eligible sites	93
<i>For these eligible sites, please provide the following</i>	
Area Codes (list each unique area code)	Prefixes associated with each area code (first 3 digits of phone number) separate with commas, leave no spaces
816	418, 435, 871
If your application includes INELIGIBLE entities, check here. <input type="checkbox"/> If checked, complete Item 18.	

## 17. Billed Entities

Entity Name	Entity Number
KANSAS CITY SCHOOL DISTRICT	137143

## 18. Ineligible Entities

Ineligible Participating Entity	Entity Number	Area Code	Prefix
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## Block 5: Certification

## 19. The applicant includes:(Check one or both)

- a. ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b. ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to) elementary and secondary schools, colleges and universities.

## 20. All of the individual schools, libraries, and library consortia receiving services under this application are covered by:

- a. ☐ individual technology plans for using the services requested in the application
- b. ☒ higher-level technology plans for using the services requested in the application
- c. ☐ no technology plan needed; application requests basic local and long distance telephone service only.

**21. Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):**

- a. ☒ technology plan(s) has/have been approved by a state or other authorized body.
- b. ☐ technology plan(s) will be approved by a state or other authorized body.
- c. ☐ no technology plan needed; application requests basic local and long distance telephone service only. .

**22. ☒** I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

**23. ☒** I recognize that support under this support mechanism is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.

**24. ☒** I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

**25. Signature of authorized person:** ☒

**26. Date (mm/dd/yyyy):** 11/20/2001

**27. Printed name of authorized person:** Elonia Norwood

**28. Title or position of authorized person:** Exec Director of Info Tech Svcs

**29. Telephone number of authorized person:** (816) 418 - 7103 ext.

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FCC Form

Approval by OMB  
3060-0806**470**

# Schools and Libraries Universal Service Description of Services Requested and Certification Form

Estimated Average Burden Hours Per Response: 5.0 hours

This form is designed to help you describe the eligible telecommunications-related services you seek so that this data can be posted on the Fund Administrator website and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before completing.

(To be completed by entity that will negotiate with providers.)

**Block 1: Applicant Address and Identifications**

(School, library, or consortium desiring Universal Service funding.)

Form 470 Application Number: 788860000378260

Applicant's Form Identifier: MOSLPS.47001.2002

Application Status: CERTIFIED

Posting Date: 11/16/2001

Allowable Contract Date: 12/14/2001

Certification Received Date: 11/19/2001

**1. Name of Applicant:**

ST LOUIS CITY SCHOOL DISTRICT

**2. Funding Year:**

07/01/2002 - 06/30/2003

**3. Your Entity Number**

136902

**4. Applicant's Street Address, P.O.Box, or Route Number****a. Street**

801 N 11th STREET

**City**

SAINT LOUIS

**State**

MO

**Zip Code 5Digit**

63101

**Zip Code 4Digit****b. Telephone number**

ext.

(314) 345- 2250

**c. Fax number**

(314) 345- 2663

**d. E-mail Address**

peter.mcgehee@slps.org

**5. Type Of Applicant (Check only one box)**
☐ Library (including library system, library branch, or library consortium applying as a library)

☐ Individual School (individual public or non-public school)

☒ School District (LEA; public or non-public [e.g., diocesan] local district representing multiple schools)

☐ Consortium (intermediate service agencies, states, state networks, special consortia)
**6a. Contact Person's Name:** Peter McGehee**6b. Street Address, P.O.Box, or Route Number (if different from Item 4)**

801 N 11th STREET			
City	State	Zip Code 5Digit	Zip Code 4Digit
SAINT LOUIS	MO	63101	
6c. Telephone Number (10 digits + ext.) (314) 345- 2250			
6d. Fax Number (10 digits) (314) 345- 2664			
6e. E-mail Address (50 characters max.) peter.mcgehee@slps.org			

### Block 2: Summary Description of Needs or Services Requested

7 This Form 470 describes (check all that apply):

a. ☒ Tariffed services - telecommunications services, purchased at regulated prices, for which the applicant has no signed, written contract. A new Form 470 must be filed for tariffed services for each funding year.

b. ☒ Month-to-month services for which the applicant has no signed, written contract. A new Form 470 must be filed for these services for each funding year.

c. ☒ Services for which a new written contract is sought for the funding year in Item 2.

d. ☐ A multi-year contract signed on or before 7/10/97 but for which no Form 470 has been filed in a previous program year.

**NOTE: Services that are covered by a qualified contract for all or part of the funding year in Item 2 do NOT require filing of Form 470. A qualified contract is a signed, written contract executed pursuant to posting a Form 470 in a previous program year OR a contract signed on/before 7/10/97 and reported on a Form 470 in a previous year as an existing contract.**

8 ☒ Telecommunications Services

**Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?**

a. ☐ YES, I have an RFP. Choose one of the following: It is available on the Web at \_\_\_\_\_ or via ☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.

b. ☒ NO, I do not have an RFP for these services.

**If you answered NO, you must list below the Telecommunications Services you seek. Specify each **service or function** (e.g., local voice service) and quantity and/or capacity (e.g., 20 existing lines plus 10 new ones). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Telecommunications Services, and remember that only common carrier telecommunications companies can provide these services under the universal service support mechanism. Add additional lines if needed.**

Service or Function:	Quantity and/or Capacity:
Local and Long Distance Svcs	113 Schools plus Admin
Cellular and Paging Svcs	113 Schools plus Admin
Data Svcs (DSL, F/R, ATM)	113 Schools plus Admin
High Bandwidth Svcs (T1, OC3 etc)	113 Schools plus Admin
On Premise equip for End to End Svcs	Selected Schools plus Admin
Distance Learning	Selected Schools plus Admin
Video and other svcs	Selected Schools plus Admin
Wireless WAN	Selected Schools plus Admin

**9 ☒ Internet Access****Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?**

a ☐ **YES**, I have an RFP. Choose one of the following: It is available on the Web at \_\_\_\_\_ or via ☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.

b ☒ **NO**, I do not have an RFP for these services.

**If you answered NO, you must list below the Internet Access Services you seek. Specify each service or function (e.g., monthly Internet service) and quantity and/or capacity (e.g., for 500 users). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Internet Access Services. Add additional lines if needed.**

Service or Function:	Quantity and/or Capacity:
High Speed Access	100+ Schools plus Admin
Dial up, DSL, Wireless and Cable Access	As needed to support eligible entities
WAN Services	Selected Schools

**10 ☒ Internal Connections****Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?**

a ☐ **YES**, I have an RFP. Choose one of the following: It is available on the Web at \_\_\_\_\_ or via ☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.

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**If you answered NO, you must list below the Internal Connections Services you seek. Specify each service or function (e.g., local area network) and quantity and/or capacity (e.g., connecting 10 rooms and 300 computers at 56Kbps or better). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Internal Connections Services. Add additional lines if needed.**

Service or Function:	Quantity and/or Capacity:
Internal and Outside Cabling	100+ Schools plus Admin
Network Electronics (LAN/WAN)	100+ Schools plus Admin
Telephone Systems (including VOIP)	Selected Schools plus Admin
File & Other Servers	100+ Schools plus Admin
Maintenance Services	100+ Schools plus Admin
Wireless LAN	Selected Schools plus Admin
Video and other eligible services	Selected Schools plus Admin
Eligible Applications Software	100+ Schools plus Admin
Eligible Professional Services	Selected Schools plus Admin
UPS and other eligible hardware	Selected Schools plus Admin

**11 (Optional)** Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This need not be the contact person listed in Item 6 nor the signer of this form.

Name:	Title:
Peter Mudd	Asst. Dir of Technology Services

Telephone number (10 digits + ext.)  
(314) 345 - 2444

Fax number

(314) 345 - 2663

E-mail Address (50 characters max.)

peter.mudd@slps.org

12. ☐ Check here if there are any restrictions imposed by state or local laws or regulations on how or when providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures, and/or give Web address where they are posted.

13. (Optional) Purchases in future years: If you have plans to purchase additional services in future years, or expect to seek new contracts for existing services, summarize below (including the likely time-frames).

### Block 3: Technology Assessment

14. ☐ **Basic telephone service only:** If your application is for basic local and long distance voice telephone service only, check this box and skip to Item 16.

15. Although the following services and facilities are ineligible for support, they are usually necessary to make effective use of the eligible services requested in this application. Unless you indicated in Item 14 that your application is ONLY for basic telephone service, you must check at least one box in (a) through (e). You may provide details for purchases being sought.

a. Desktop communications software: Software required ☒ has been purchased; and/or ☒ is being sought.

b. Electrical systems: ☒ adequate electrical capacity is in place or has already been arranged; and/or ☒ upgrading for additional electrical capacity is being sought.

c. Computers: a sufficient quantity of computers ☒ has been purchased; and/or ☒ is being sought.

d. Computer hardware maintenance: adequate arrangements ☒ have been made; and/or ☒ are being sought.

e. Staff development: ☒ all staff have had an appropriate level of training or additional training has already been scheduled; and/or ☒ training is being sought.

f. Additional details: Use this space to provide additional details to help providers to identify the services you desire.

### Block 4: Recipients of Service

#### 16. Eligible Entities That Will Receive Service:

Check the ONE choice that best describes this application and the eligible entities that will receive the services described in this application.

You must select a state if (b) or (c) is selected: **MO**

a. ☒ **Individual school or single-site library:** Check here, and enter the billed entity in Item 17.

b. ☐ **Statewide application (check all that apply):**

- ☐ All public schools/districts in the state:  
☐ All non-public schools in the state:  
☐ All libraries in the state:

If your statewide application includes INELIGIBLE entities, check here. ☐ If checked, complete Item 18.

c. ☒ School district, library system, or consortium application to serve multiple eligible sites:

Number of eligible sites	115
<i>For these eligible sites, please provide the following</i>	
Area Codes (list each unique area code)	Prefixes associated with each area code (first 3 digits of phone number) separate with commas, leave no spaces
314	231, 241, 261, 345, 352, 353, 361, 367, 371, 381, ÷
If your application includes INELIGIBLE entities, check here. <input type="checkbox"/> If checked, complete Item 18.	

17. Billed Entities

Entity Name	Entity Number
ST LOUIS CITY SCHOOL DISTRICT	136902

18. Ineligible Entities

Ineligible Participating Entity	Entity Number	Area Code	Prefix
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Block 5: Certification

19. The applicant includes:(Check one or both)

- a. ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or  
 b. ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to) elementary and secondary schools, colleges and universities.

20. All of the individual schools, libraries, and library consortia receiving services under this application are covered by:

- a. ☐ individual technology plans for using the services requested in the application  
 b. ☒ higher-level technology plans for using the services requested in the application  
 c. ☐ no technology plan needed; application requests basic local and long distance telephone service only.

21. Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):

- a. ☒ technology plan(s) has/have been approved by a state or other authorized body.
- b. ☐ technology plan(s) will be approved by a state or other authorized body.
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22. ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

23. ☒ I recognize that support under this support mechanism is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.

24. ☒ I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

25. Signature of authorized person: ☒

26. Date (mm/dd/yyyy): 11/16/2001

27. Printed name of authorized person: Peter McGehee

28. Title or position of authorized person: Exec Dir Technology Services

29. Telephone number of authorized person: (314) 345 - 2250 ext.

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Approval by OMB  
3060-0806**470**

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(To be completed by entity that will negotiate with providers.)

**Block 1: Applicant Address and Identifications**

(School, library, or consortium desiring Universal Service funding.)

Form 470 Application Number: 417590000373638

Applicant's Form Identifier: New Year 5 470 IC/IA Tel

Application Status: CERTIFIED

Posting Date: 10/30/2001

Allowable Contract Date: 11/27/2001

Certification Received Date: 10/30/2001

**1. Name of Applicant:**

LOS ANGELES UNIFIED SCHOOL DISTRICT

**2. Funding Year:**

07/01/2002 - 06/30/2003

**3. Your Entity Number**

143454

**4. Applicant's Street Address, P.O.Box, or Route Number****a. Street**

355 S. Grand Avenue Room 305

**City**

LOS ANGELES

**State**

CA

**Zip Code 5Digit**

90071

**Zip Code 4Digit****b. Telephone number****ext.**

(213) 633- 7633

**c. Fax number**

(213) 633- 8332

**d. E-mail Address**

cbanker@ix.netcom.com/jalther@lausd.k12.ca

**5. Type Of Applicant (Check only one box)**

☐ Library (including library system, library branch, or library consortium applying as a library)

☐ Individual School (individual public or non-public school)

☒ School District (LEA; public or non-public[e.g., diocesan] local district representing multiple schools)

☐ Consortium (intermediate service agencies, states, state networks, special consortia)

**6a. Contact Person's Name:** Catherine Banker/James Alther**6b. Street Address, P.O.Box, or Route Number (if different from Item 4)**



355 S. Grand Avenue Room 305			
City Los Angeles	State CA	Zip Code 5Digit 90071	Zip Code 4Digit
6c. Telephone Number (10 digits + ext.) (213) 633- 7633			
6d. Fax Number (10 digits) (213) 633- 8332			
6e. E-mail Address (50 characters max.) cbanker@ix.netcom./jalthr@lausd.k12.ca.us			

**Block 2: Summary Description of Needs or Services Requested**

<b>7 This Form 470 describes (check all that apply):</b>
a. <input checked="" type="checkbox"/> Tariffed services - telecommunications services, purchased at regulated prices, for which the applicant has no signed, written contract. A new Form 470 must be filed for tariffed services for each funding year.
b. <input checked="" type="checkbox"/> Month-to-month services for which the applicant has no signed, written contract. A new Form 470 must be filed for these services for each funding year.
c. <input checked="" type="checkbox"/> Services for which a new written contract is sought for the funding year in Item 2.
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<b>8 <input checked="" type="checkbox"/> Telecommunications Services</b>
<b>Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?</b>
a. <input type="checkbox"/> YES, I have an RFP. Choose one of the following: It is available on the Web at or via <input type="checkbox"/> the Contact Person in Item 6 or <input type="checkbox"/> the contact listed in Item 11.
b. <input checked="" type="checkbox"/> NO, I do not have an RFP for these services.
<b>If you answered NO, you must list below the Telecommunications Services you seek. Specify each service or function (e.g., local voice service) and quantity and/or capacity (e.g., 20 existing lines plus 10 new ones). See the Eligible Services List at <a href="http://www.sl.universalservice.org">www.sl.universalservice.org</a> for examples of eligible Telecommunications Services, and remember that only common carrier telecommunications companies can provide these services under the universal service support mechanism. Add additional lines if needed.</b>

Service or Function:	Quantity and/or Capacity:
900/976 Call Blocking	900 Sites
ADSL	900 Sites
ATM	900 Sites
Basic Telephone Service	900 Sites
Cellular Service	900 Sites
Centrex	900 Sites
Centrex Common Equipment	900 Sites
Digital Data Service	900 Sites
DSL	900 Sites
Directory Assistance Charges	900 Sites

Direct-Inward Dialing	900 Sites
Distance Learning	900 Sites
Fax Machine Line	900 Sites
Fractionalized T-1	900 Sites
Frame Relay Service	900 Sites
High Capacity Service	900 Sites
Homework Hotline Service	900 Sites
Inside Wire Maintenance	900 Sites
ISDN	900 Sites
Interactive TV (Television)	900 Sites
LAN Interconnect Service	900 Sites
Local Measured Service	900 Sites
Long Distance & Service Charges	900 Sites
Message Rate Service	900 Sites
Network Access Register	900 Sites
Paging Service	900 Sites
Permanent Virtual Circuit (PVC)	900 Sites
Personal Communications Services	900 Sites
PIC Change Charge	900 Sites
POTS	900 Sites
Programmed Audio Service	900 Sites
Radio Loop	900 Sites
Serial Digital Video Service	900 Sites
SMDS	900 Sites
Sub-voice Grade Facilities	900 Sites
T-1 (Trunk Level 1)	900 Sites
Toll Charges	900 Sites
Video Service	900 Sites
Video Amplifiers	900 Sites
Video Channel Modulator	900 Sites
EMMI	900 Sites
Video Group & Desktop Equipment	900 Sites
Voice Compression Module	900 Sites
Voice Interface Card	900 Sites
Voice/Fax Network Module	900 Sites
Web Server	900 Sites
Wire Manager	900 Sites
Wireless PBX Adjunct	900 Sites
Wiring Internal	900 Sites
Zip Drive	900 Sites
DS-1 (Digital Signal 1)	900 Sites

**9 ☒ Internet Access**

*Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?*

a ☐ YES, I have an RFP. Choose one of the following: It is available on the Web at \_\_\_\_\_  
or via ☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.

b ☒ NO, I do not have an RFP for these services.

**If you answered NO, you must list below the Internet Access Services you seek. Specify each service or function (e.g., monthly Internet service) and quantity and/or capacity (e.g., for 500 users). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Internet Access Services. Add additional lines if needed.**

Service or Function:	Quantity and/or Capacity:
Bundled Access	900 Sites
Unbundled Access	900 Sites
Browser	900 Sites
Caching Service	900 Sites
Domain Name Registration	900 Sites
E-Mail Service	900 Sites
Firewall Service	900 Sites
GSP Rates	900 Sites
Satellite Access to Internet	900 Sites
T-1	900 Sites
Web Hosting	900 Sites
Extended Warranty	900 Sites
Freight Assurance Fees	900 Sites
Labor	900 Sites
Leasing Fees	900 Sites
Maintenance & Installation	900 Sites
Metropolitan Area Network	900 Sites
Per Diem	900 Sites
Satellite Dishes	900 Sites
Shipping Charges	900 Sites
Taxes, Surcharges and Access Charges	900 Sites
Travel Time	900 Sites
Wireless WAN	900 Sites

#### 10 ☒ Internal Connections

*Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?*

a ☐ YES, I have an RFP. Choose one of the following: It is available on the Web at  
or via ☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.

b ☒ NO, I do not have an RFP for these services.

**If you answered NO, you must list below the Internal Connections Services you seek.** Specify each **service or function** (e.g., local area network) and quantity and/or capacity (e.g., connecting 10 rooms and 300 computers at 56Kbps or better). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Internal Connections Services. Add additional lines if needed.

Service or Function:	Quantity and/or Capacity:
Address Blocking Unit	900 Sites
Antenna	900 Sites
Automatic Route Selection (ARS)	900 Sites
Back Up Power Supply	900 Sites
Battery Backup	900 Sites
Battery Module	900 Sites
Broadband Amplifier	900 Sites
Cabinet Mounted Power Strips	900 Sites
Cabinets	900 Sites
Cable boxes	900 Sites
Cable Modem	900 Sites
Channel Service Unit (CSU) Data Services Unit	900 Sites

(DSU)	
Circuit Card	900 Sites
CODEC	900 Sites
Communications Server	900 Sites
Conduit	900 Sites
Connector	900 Sites
Console, PBX/Centrex	900 Sites
Console with Direct Station Selection (DSS)	900 Sites
Copper Backbone Cabling	900 Sites
Coupler	900 Sites
DAT Digital Tape Drive	900 Sites
DIMM	900 Sites
Documentation	900 Sites
Edge Device	900 Sites
Enhanced Multimedia Interface (EMM)	900 Sites
Ethernet Card	900 Sites
Ethernet Converter	900 Sites
Ethernet Network Module	900 Sites
Faceplate	900 Sites
FRAD	900 Sites
Frame Relay PVC's	900 Sites
Graphics Cards/Adapters	900 Sites
Hard Disk Array Control	900 Sites
Hub	900 Sites
Key System KSU	900 Sites
LAN	900 Sites
Line Sharing Device	900 Sites
Master Control Unit	900 Sites
Media Converter	900 Sites
Modem	900 Sites
Modem Card	900 Sites
Modem Eliminator	900 Sites
Monitors	900 Sites
MPEG Video Encoder	900 Sites
Multiplexing	900 Sites
Multipoint Control Unit	900 Sites
Multimedia Kit	900 Sites
Multiple Serial	900 Sites
Network Interface Device (NID)	900 Sites
On-Site Technical Support	900 Sites
PC Attendant Console	900 Sites
Power Poles	900 Sites
Power Strips	900 Sites
Printer	900 Sites
Private Branch Exchange (PBX) wired & wireless	900 Sites
Processor Terminator Card	900 Sites
Programming Charges	900 Sites
PVBX	900 Sites
Raceway	900 Sites
Rack Mounted Power Strips	900 Sites
RACKS	900 Sites
RAID	900 Sites
Relay I/O Module	900 Sites

Remote Access Router	900 Sites
Remote Access Server	900 Sites
Routers	900 Sites
Satellite Dishes	900 Sites
SCSI	900 Sites
Servers (Domain Names)	900 Sites
Servers (e-mail)	900 Sites
Servers (File Servers)	900 Sites
Servers (Communications Servers)	900 Sites
Servers (Terminal Servers)	900 Sites
Servers (Web Servers)	900 Sites
SNMP System Management Module	900 Sites
Software (Operational Software)	900 Sites
Software (e-mail)	900 Sites
Speakers for PC/File Server	900 Sites
Switchboard	900 Sites
Switches	900 Sites
System Improvements and Upgrades	900 Sites
Tape Backup	900 Sites
Terminal Adapter	900 Sites
Terminal Server	900 Sites
Transceiver	900 Sites
TX to FX Converter	900 Sites
Uninterrupted Power Supply (UPS)	900 Sites
Universal Box	900 Sites
UPS Interface Expander	900 Sites
Video Amplifiers	900 Sites
Video Channel Modulator	900 Sites
Video Equipment (Enhanced Multimedia Interface (EMMI))	900 Sites
Video Equipment (Video Group and Desktop Equipment)	900 Sites
Voice Compression Module	900 Sites
Voice Interface Card	900 Sites
Voice/Fax Network Module	900 Sites
Web Server	900 Sites
Wire Manager	900 Sites
Wireless PBX Adjunct	900 Sites
Wiring, Internal	900 Sites
Zip Drive	900 Sites
Laptop Computers (as servers)	900 Sites
Media Access Unit (MAU)	900 Sites
Extended Warranty	900 Sites
Freight Assurance Fees	900 Sites
Labor	900 Sites
Leasing Fees	900 Sites
Maintenance & Installation	900 Sites
Metropolitan Area Network (MAN)	900 Sites
Per Diem	900 Sites
Satellite Dishes	900 Sites
Shipping Charges	900 Sites
Taxes, Surcharges and Access Charges	900 Sites
Travel Time	900 Sites

Wireless Wan	900 Sites
Network Interface Card (NIC)	900 Sites

**11** (Optional) Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This need not be the contact person listed in Item 6 nor the signer of this form.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone number (10 digits + ext.)

() - \_\_\_\_\_

Fax number

() - \_\_\_\_\_

E-mail Address (50 characters max.) \_\_\_\_\_

**12.** ☒ Check here if there are any restrictions imposed by state or local laws or regulations on how or when providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures, and/or give Web address where they are posted.

**For Internal Connections, the district will be utilizing CMAS Certified Vendors. For Internet Access and Telecommunications, the District will be using CalNet or Master Services Agreements (MSA. Contact either Catherine Banker or James Alther @ 213-633-8232 at the District if interested in responding to these services.**

**13.** (Optional) Purchases in future years: If you have plans to purchase additional services in future years, or expect to seek new contracts for existing services, summarize below (including the likely time-frames).

### Block 3: Technology Assessment

**14.** ☐ **Basic telephone service only:** If your application is for basic local and long distance voice telephone service only, check this box and skip to Item 16.

**15.** Although the following services and facilities are ineligible for support, they are usually necessary to make effective use of the eligible services requested in this application. Unless you indicated in Item 14 that your application is ONLY for basic telephone service, you must check at least one box in (a) through (e). You may provide details for purchases being sought.

**a.** Desktop communications software: Software required ☒ has been purchased; and/or ☒ is being sought.

**b.** Electrical systems: ☒ adequate electrical capacity is in place or has already been arranged; and/or ☒ upgrading for additional electrical capacity is being sought.

**c.** Computers: a sufficient quantity of computers ☒ has been purchased; and/or ☒ is being sought.

**d.** Computer hardware maintenance: adequate arrangements ☒ have been made; and/or ☒ are being sought.

**e.** Staff development: ☒ all staff have had an appropriate level of training or additional training has already been scheduled; and/or ☒ training is being sought.

**f.** Additional details: Use this space to provide additional details to help providers to identify the services you desire.

## Block 4: Recipients of Service

## 16. Eligible Entities That Will Receive Service:

Check the ONE choice that best describes this application and the eligible entities that will receive the services described in this application.

You must select a state if (b) or (c) is selected: CA

a. ☒ Individual school or single-site library: Check here, and enter the billed entity in Item 17.

b. ☒ Statewide application (check all that apply):

- ☐ All public schools/districts in the state:  
☐ All non-public schools in the state:  
☐ All libraries in the state:

If your statewide application includes INELIGIBLE entities, check here. ☐ If checked, complete Item 18.

c. ☒ School district, library system, or consortium application to serve multiple eligible sites:

Number of eligible sites	900
<i>For these eligible sites, please provide the following</i>	
Area Codes (list each unique area code)	Prefixes associated with each area code (first 3 digits of phone number) separate with commas, leave no spaces
213	250, 380, 381, 382, 383, 384, 386, 387, 388, 389, ÷
310	274, 306, 320, 323, 324, 326, 327, 328, 329, 390, ÷
323	221, 222, 223, 225, 232, 233, 234, 235, 249, 254, ÷
818	224, 340, 341, 342, 343, 344, 345, 346, 347, 348, ÷
If your application includes INELIGIBLE entities, check here. <input type="checkbox"/> If checked, complete Item 18.	

## 17. Billed Entities

Entity Name	Entity Number
LOS ANGELES UNIFIED SCHOOL DISTRICT	143454

## 18. Ineligible Entities

Ineligible Participating Entity	Entity Numbe	Area Code	Prefix
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**Block 5: Certification****19. The applicant includes:(Check one or both)**

- a. ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b. ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to) elementary and secondary schools, colleges and universities.

**20. All of the individual schools, libraries, and library consortia receiving services under this application are covered by:**

- a. ☐ individual technology plans for using the services requested in the application
- b. ☒ higher-level technology plans for using the services requested in the application
- c. ☐ no technology plan needed; application requests basic local and long distance telephone service only.

**21. Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):**

- a. ☒ technology plan(s) has/have been approved by a state or other authorized body.
- b. ☐ technology plan(s) will be approved by a state or other authorized body.
- c. ☐ no technology plan needed; application requests basic local and long distance telephone service only. .

22. ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

23. ☒ I recognize that support under this support mechanism is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.

24. ☒ I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

25. Signature of authorized person: ☒

26. Date (mm/dd/yyyy): 10/30/2001

27. Printed name of authorized person: James Konantz

28. Title or position of authorized person: Assistant Superintendent

29. Telephone number of authorized person: (213) 633 - 4906 ext.

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